□報告□

Memory therapy with a *hikikomori* client

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Abstract

Memory therapy was conducted with a man suffering from *hikikomori* (withdrawal in Japanese) of approximately two years duration. The therapy focused on dysfunctional aspects of the client's life and failure to use his competence effectively. The memory training was intended to catalyze behavioral use of competence. Sessions were structured and memory training was carried out using the link and peg systems for about 25 minutes every week. This training led to enhancement of the client's competence ; imagination, creativity, concentrating attention, flexibility in cognitive style, volition, will, desire, challenge and self-confidence (sense of competence and sense of efficacy), and directed him to change his lifestyle. After seventeen sessions he could articulate his own goals. The memory therapy studied here was very effective in activating a *hikikomori* client's competence.

Keywords： Memory Therapy, *Hikikomori*, Memory Training, Competence, Goal for Life.

ひきこもり青年への記憶療法

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抄　録

2 年間ひきこもっていた青年に対して，記憶療法を実施した。記憶トレーニングを媒介にして機能不全のコンピタンスの活性化を試みた．毎週の面接の中で、リンク法やかけくぎ法を使った記憶トレーニングを 25 分間ほど組み入れた．記憶トレーニングにより，想像性，創造性，注意集中力，対象認知の柔軟性，意志・意欲，挑戦性，自信(有能感・効力感)のコンピタンスが高まり，生活スタイルの変化も導かれた．17 回の面接後，青年は自己の目標を明確に示した．ひきこもり青年のコンピタンスを活性化するために記憶療法は非常に効果的であった．

キーワード：記憶療法，ひきこもり，記憶トレーニング，コンピタンス，人生目標

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I. Introduction

Hikikomori is a Japanese term that refers to the phenomenon of adolescents or young adults becoming reclusive and withdrawing from social life. The Japanese Ministry of Health, Labour and Welfare defines *hikikomori* as a term referring to people who refuse to leave their homes and thereby isolate themselves from society for a period exceeding six months in duration.

Katsumata[1, 2] developed and defined memory therapy (MT) as one approach to helping a client to find one's path towards hope, such that the therapist assists and promotes a client's competences through the use of memory techniques. Katsumata has used MT to successfully treat school refusal, selective mutism, stuttering, tics, depression, enuresis, psychogenic stomach ulcer, irritable bowel syndrome, psychogenic convulsions, juvenile delinquency and underachievement. This case study was a man with withdrawal syndrome, and was the first attempt at therapy for this individual. He seemed to be in Erikson's stage of psychosocial moratorium[3], and was seeking his goal. This therapy was intended to activate his competence via memory training in order to clarify this goal.

II. Participants and Method

1. Subject Description and Intake Interview

The client and his father came together for the first intake interview. The client was a 20-year-old high school graduate living with his father (58), mother (49) and brother (18). He was confused regarding his future plans. According to his father, he was more interested in video games than in his studies. After high school graduation, his interest in academic pursuits declined even further. Over the last few years, he spent his time at home doing little. His father wanted him to go to university or find a new job and was worried about his son's withdrawal behavior.

The client stated that he had no clear vision and ideas about what to study and had no clear ideas about his life path. He also reported that he had become aware of lifestyle problems such as waking up during the night and sleeping during the day. Frequent toileting had been a symptom of his tense days.

Some degree of motivation is important for successful implementation of memory training, which is typically assessed during the intake interview. In this case the client showed interest when the word " memory " was used, probably because of his strong interest in video and card games. Another most important aspect of the process concerns whether the client feels improved confidence as a result of preliminary memory training. In this case the therapist taught him the basic memory strategy employed in the link system : Creating a ridiculous image by combining two items, such that the client was taught four simple rules (*Out of Proportion, Exaggeration, Substitution, and Action*) to make effective images[4]. The preliminary memory training was practiced using sample image pictures. The client did well during preliminary training which presumably increased his confidence. He agreed to begin formal memory training subsequent to this positive experience.

Although the client's major presenting complaint was anxiety regarding his withdrawal, the therapist did not address this directly and instead focused on activation of compete-

nces.

Consent to treat was obtained at the intake interview and was accompanied by explanation of basic ethical standards for psychologists.

2. Description of the Therapy

It was assumed that the client's withdrawal was related to minimal use of the client's competences. The memory training was used as a catalyst for activating these inactive competences. We planned to conduct 45-minute memory therapy sessions once per week. The objective of the sessions was to assist the client in developing a clear vision of the present and future, in order to make him ready to continue his studies and to make some lifestyle changes.

Each session was divided into five parts: (1) Administration of the Hildreth Feeling and Attitude Scale Test (F-A Scale)[5] which took several minutes, (2) review of the client's last week of activities, which took about ten minutes, (3) memory training involving image creation and memory recall for about 25 minutes, (4) training review for a few minutes and (5) scheduling the next week's training. In addition, the Kumamoto-University Competence Scale (KUCS) [8, 9] and Time Perspective Scale (TPS) [8] were conducted at the beginning, mid- and end stages of the sessions.

3. Applied Memory Training Techniques

Memory therapy is intended to instill hope in clients by activation of competences. The latter occurs via structured application of memory techniques. This procedure involves the following steps.

This memory training initially involved use of the link system for images[6]. This technique was conducted until the 11th session. The therapist first made one image constructed by two words. The client then bonded together a first word with a subsequent one by forming a ridiculous and impressive image. Lorayne and Rucus[4] suggest that there are four simple rules to conduct this task : *Out of Proportion, Exaggeration, Substitution, and Action*. By making and recalling a series of images, the trainee can express many words in sequence. Mnemonic materials were pictures showing images of two random words, and *Sakanahen no Kanji* (Japanese words which mean the names of fishes in English).

From the 12th to the 17th sessions, the Peg system[7] was tried. Using his body parts or annual events as pegs, the client was challenged to memorize a shopping list, a lunar calendar, the twelve signs of the Chinese zodiac, the names of Shoguns in the Tokugawa period, and the constellations.

Across the sessions the therapist took care not to exhaust the client, and praised his work in order to boost feelings of confidence and efficacy.

4. Evaluation of the Therapy

1) The F-A Scale : This scale was used to evaluate the client's condition and associated attitudes. The questionnaire asked about his feelings, mental activity, perspective on the future, mental state, attitude towards his work, and attitude towards people. Higher scores indicated a more positive state. The mid-point was five.

2) The KUCS : This measure was used to assess the client's ability to deal with the environment. The KUCS consists of five factors: Cognitive competence (Cog.), physical

competence (Phy.), social competence (Soc.), survival competence (Sur.), and general selfesteem competence (Gen.). Scores range from 1 to 4, with a mid-point of 2.5. Higher scores indicate more constructive competences. Competences were checked at the beginning, mid stage and end stage of the therapy. We had collected KUCS data from the client one year before the therapy began, within the context of a different study. This data was added to the figure as a reference point. The contents of competence factors and the components is shown in Table 1.

Table 1　The List of Competence Factors and the Components

I. Cognitive Competence	
a. Sensation & Perception：	(1) sensation, (2) perception
b. Verbal：	(1) verbal comprehension, (2) verbal expression
c. Thinking：	(1) judgment, (2) decision, (3) reasoning, (4) problem solving, (5) imagination, (6) creativity
d. Attention：	(1) concentrating attention, (2) observation
e. Cognitive Style：	(1) concern (interest, curiosity), (2) flexibility
f. Memory：	(1) short-term memory, (2) long-term memory
g. Learning：	(1) leaning ability, (2) scholastic achievement
h. Planning：	(1) planning ability
II. Physical Competence	
a. Physical form (appearance)：	(1) height, (2) weight, (3) the girth of the chest
b. Physiological function：	(1) internal organs, (2) internal secretion, (3) sexual maturity
c. Motor performance：	(1) general motor ability, (2) motor fitness, (3) physical fitness, (4) strength and endurance of arm and shoulder girdle
d. Physical health：	(1) medical history, (2) state of health
e. Physical action：	(1) (physical) expression, (2)voice, (3)posture, (4) motion (movement, action)
III. Social Competence	
a. Self-disclosure	
b. Friendliness	
c. Cooperation	
d. Social interchange	
e. Leadership	
IV. Survival Competence	
a. Volition：	(1) will, desire, (2) subjectivity, (3) challenge, (4) achievement motivation
b. Diligence：	(1) effort, (2) continuation
c. Self-control：	(1) time management, future time perspective, (2) autonomy, (3) sense of responsibility, (4) perseverance, (5) economic control
d. Task accomplishment：	(1) studies activities (attending school, studies), (2) vocational activities (attendance, duties, labor)
V. General Self-Esteem Competence	
a. 3A of emotional stability：	(1) affection, (2) acceptance, (3) approval
b. Self-confidence：	(1) sense of competence, (2) sense of efficacy

Note. Shinohara & Katsumata, 2000; Katsumata & Shinohara, 2000; Katsumata, 2005

3) The TPS：This scale assesses the client's thinking about the past, present, and future. People who are depressed and anxious tend to think mainly about the past rather than the future. Scores range from 1 to 5. The TPS scale assesses whether the client's predominant mode of thinking focuses on the past, the present or the future.

4) Review of MT：After each MT the client completed a review sheet about his own efficacy. This questionnaire consisted of five questions with a 5-point scale ranging from 1 (Not at all appropriate) to 5 (Very appropriate).

5) Follow-up：After one year from the last interview, his follow-up F-A, KUCS, and TPS data were collected.

III. Results

1. Session number

Seventeen sessions were completed in total. These sessions were divided into four stages based on activation of client's competence factors.

1) Motivating Stage (Sessions 1-4)： The client grew accustomed to the memory training over the course of these sessions. He came to the counseling room at the same time every week (*Time management in Sur.*), and was interested in the memory training (*Concentrating attention in Cog.*). His lifestyle began to change and he concentrated on the work at hand. Accomplishment of the work brought him confidence (*Self-confidence in Gen.*). In the first session, his account of the previous week was like this：" I don't speak to anyone and cannot remember what I thought about. " By the end of this stage, he said "If I can find my favorite field, I want to try academics. Video games did not satisfy me. I wonder what I really want to do ? There must be something that I should do instead of playing games." After four sessions the client reported that he borrowed books from the public library (*Interest and curiosity in Cog.*).

Through the MT the client became more aware of his ability to concentrate, efficacy, self-confidence and the possibility of chan-ge. This set the stage for behavioral changes.

2) Active Stage (Sessions 5-8)： During this stage the client told us that he repaired his bicycle (which took ten hours) and began to ride for the first time in two years (*Concentrating attention in Cog.*). After training he began to leave the house more and made it a rule to borrow books from the library every week (*Interest and curiosity in Cog.*). He talked about the memory training with his parents *(Self-disclosure in Soc.)*. He became more active and had more contact with the environ-ment. The client's interests broadened during this stage.

3) Searching Stage (Sessions 9-11): The client became more interested in the link-system memory training. He also tried this training by his own choice at his home (*Learning ability in Cog.*). In this stage, he reported that he had broken his old game machine, and expressed that "This game machine makes me angry. It does not suit me". He further said, "I read books written by mathematicians. I love them" (*Decision in Cog.*). He also talked about his worries regarding whether he should attend his upcoming coming-of-age ceremony, because he could not explain his withdrawal situation. He began to think about and search for his goal.

4) Clarifying Stage (Sessions 12-17): Memory training was changed from the link to the peg method. He enjoyed the training and began to devise an original peg method (*Creativity in Cog.*). Most importantly, the client decided to take a university entrance examination the following year, and then started to study Mathematics and English (*Decision in Cog.*). He went to the coming-of-age ceremony and met some friends there (*Problem solving in Cog.*). He was invited to play table tennis with them every week (*Social interchange in Soc.*).

As the purpose of the therapy was almost achieved, we proposed that the client come in with his mother. His mother said that he seemed to be enthusiastic compared to previous days. (*Self confidence in Gen.*). He made it clear that his present goal was studying for the entrance examination.

The chief complaint of the client had been anxiety associated with continued withdrawal. At the end of the session, he became active, had confidence and was able to articulate a clear goal. The sessions were finished at the 17th interview.

2. Questionnaire results

1) The F-A Scale : At the intake interview, mean feeling and attitude scores were both very low and under the mid-point. Mean attitude scores rose at the beginning of the sessions but remained under the mid-point. Mean feeling scores rose above the midpoint and seemed to gradually increase (Fig.1).

2) The KUCS : The client did not recognize changes in competence at the mid stage of therapy, but by the end stage he felt empowerment of Sur. and Gen (Fig.2). His mother also assessed his competence. She also identified increased competences in Sur. and Gen. (Fig.3)

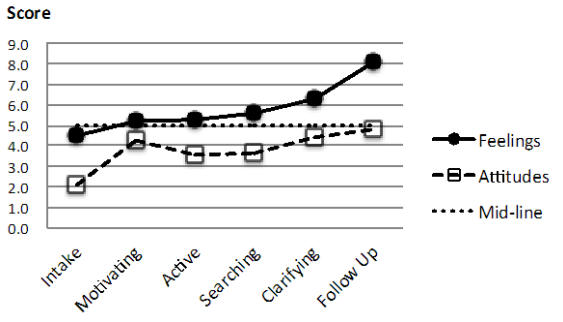

Figure1　Feeling and attitude scores at each stage.

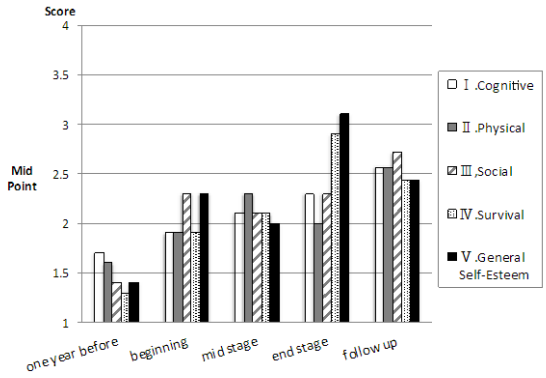

Figure 2　Five factors of competence in each stage.

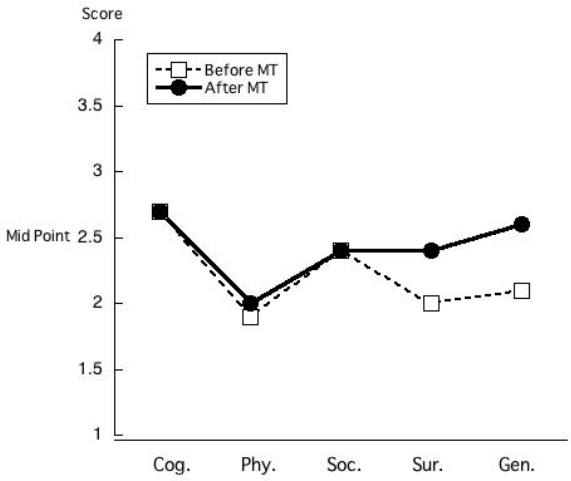

Figure 3　Changes of competence estimated by mother.

3) The TPS : The client's thinking was future, present and past oriented in that order at the beginning and mid stages. At the end stage he decided to study for the entrance examination. Although he was worried about this exam, the present perspective had become most domina-

nt (Fig.4).

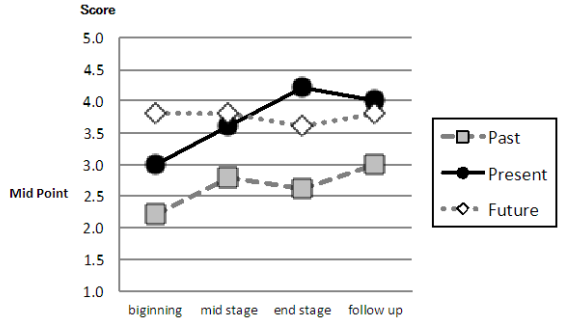

Figure 4　Scores of time perspective scale in each stage.

4) Review of MT：The client's feelings about the treatment were largely positive throughout. The third stage (advanced training using the link system) was more difficult than the other stages for him, but he persevered. Only the question "want to talk about the work with someone" showed low scores.

5) Follow-up：One year after the memory therapy, the client was taking care of his aunt in her house, while studying by himself. Feeling scores had become high and attitude scores were average. KUCS results indicated that he had a balanced range of realized competencies. All five competence factors were close to the mid-point score. The TPS past, present, and future scores remained positive (above the mid-point).

IV. Discussion

Each therapy session began with a 10-minute description of the client's previous week followed by memory training. This training was intended to activate and increase verbal expression, volition, flexibility, imagination, social interchange, friendliness, self-confidence, emotional stability and adoption of a future perspective. From week to week, the client's accounts of the events in his life shifted, reflecting greater activation of competences. According to these stories, the interviews could be classified into four stages: Motivating, Active, Searching, and Clarifying.

As shown in Figure 2, Cog. (verbal expression, interest, curiosity, flexibility and imagination) and Sur. (will, desire, challenge and future time perspective) scores rose during the fourth stage. Gen. scores also increased for the most part (self-confidence and emotional stability). Furthermore, Soc. (social interchange and friendliness) and Phy. (physical health) scores increased as the client began to play table tennis with his friends.

The memory training was started from the basic technique using the link system. This method uses ridiculous images and four simple rules (*Out of Proportion, Exaggeration, Substitution, and Action).* The rule of "Out of proportion" may help change the contracted thinking of a client to a more activated pattern. "Exaggeration" may lead to enhanced self-expression. "Substitution" may be useful for improving flexibility. " Action " may contribute to one's activation and initiative. The link system uses the items in sequence and involves a particular course of action. This sequence may assist the client to think sequentially and constructively. These factors are thought to stimulate a client's competence components .

This approach seemed to be more effective for our client in terms of activating competences and clarifying a goal as compared to challenging the withdrawal habit directly through use of more pointed questions (e.g., "What do you want to do ? "). His mother said "I am so worried about him that I took him to a public consultation room. Though a counselor tried to address the reasons for the

withdrawal, my son did not cooperate and later decided not to go back there again." A counselor often intends to ask about and discover reasons for the withdrawal, trying to approach past painful experiences of the client. We tried to focus on exhibition of the client's competence and never pursued specific reasons for the withdrawal. In this case the client became more active and confident regarding goal setting. The intense memory training work seemingly caused him not to think about his problems but rather to have feelings of enhanced concentration, accomplishment, self-confidence and efficacy.

We contacted the client one year after the last interview session. He was taking care of his aunt in her house (as a form of work) while studying hard for his university entrance examination. Cognitive, physical, and social competences all improved, with the memory therapy practice resulting in improved quality of life for the client.

V. Conclusions

Memory therapy was applied with a *hikikomori* young man whose condition had lasted approximately two years. Memory training using the link and peg systems led to enhancement of his competence ; imagination, creativity, concentrating attention, flexibility in cognitive style, volition, will, desire, willingness to approach a challenge and self-confidence (sense of competence and efficacy), and directed him to change his lifestyle.

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